




Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

| | | | |
|---|---|--|--|
| PLAINTIFF UNITED STATES OF AMERICA | | COURT CASE NUMBER CR No. 03-10353-WGY | |
| DEFENDANT ROMAN VALDMA | | TYPE OF PROCESS Final Order of Forfeiture | |
| SERVE AT | Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Ridgmont Condominium Trust, c/o G&G Management | | |
| | Address (Street or RFD / Apt. # / City, State, and Zip Code) P.O. Box 67382, Chestnut Hill, MA 02467 | | |
| Send NOTICE OF SERVICE copy to Requester: JENNIFER H. ZACKS, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210 | | Number Of Process To Be Served In This Case. | |
| | | Number Of Parties To Be Served In This Case. | |
| | | Check Box If Service Is On USA | |
| SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve the attached Final Order of Forfeiture upon the above-named institution by certified mail, return receipt requested. LJT x3283 | | | |
| Signature of Attorney or other Originator requesting service on behalf of Jennifer H. Zacks/LJT | | <input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant Telephone No. (617) 748-3100 | Date June 23, 2005 |
| SIGNATURE OF PERSON ACCEPTING PROCESS: | | | Date |
| SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY | | | |
| I acknowledge receipt for the Total # of Process Indicated. | District of Origin No. | District to Serve No. | SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER: |
| Date | | | |
| I hereby Certify and Return That <input type="checkbox"/> I PERSONALLY SERVED, <input checked="" type="checkbox"/> I HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> I HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below. | | | |
| <input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE. | | | |
| NAME & TITLE of Individual Served If not shown above: | | <input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode. | |
| ADDRESS: (Complete only if different than shown above.) | | Date of Service | Time of Service <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |
| | | Please see Remarks | |
| | | Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer | |
| REMARKS: U.S. Customs and Border Protection Order was served as instructed above by certified mail number 7001 2510 0003 4299 9561. Copy of signed Postal receipt showing receipt/delivery on July 22, 2005 is attached. | | | |

TD F 90-22.48 (6/96)

☐ RETURN TO COURT ☐ FOR CASE FILE ☐ LEAVE AT PLACE OF SERVICE ☐ FILE COPY

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|--|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to:</p> <p>Ridgmont Condominium Trust C/O G&G Management P.O. Box 67382 Chestnut Hill, MA 02467</p> | | <p>B. Received by (Printed Name) N. Gopin</p> | <p>C. Date of Delivery 07/22/05</p> |
| <p>2. Article Number (Transfer from se) 7001 2510 0003 4299 9561</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| | | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | |
| | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381</p> | | | |